1220 3RD AVENUE	W,	PO	BOX	224	
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DURAND 54736 Phone: (715) 672-3687		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	58	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	58	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	53	Average Daily Census:	55

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No	. 2 3			용		32.1
Supp. Home Care-Personal Care	No						43.4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.9	Under 65	5.7		17.0
Day Services	No	Mental Illness (Org./Psy)	11.3	65 - 74	5.7		
Respite Care	Yes	Mental Illness (Other)	11.3	75 - 84	26.4		92.5
Adult Day Care	No	Alcohol & Other Drug Abuse	1.9	85 - 94	54.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	47.2	65 & Over	94.3		
Transportation	No	Cerebrovascular	13.2			RNs	7.5
Referral Service	No	Diabetes	7.5	Gender	용	LPNs	10.8
Other Services	No	Respiratory	1.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	3.8	Male	28.3	Aides, & Orderlies	53.3
Mentally Ill	No			Female	71.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I		I	100.0		
teverophenically Disabled			ala ala ala ala ala ala ala			 	to all all all all all all all

## Method of Reimbursement

		edicare			Medicaid Sitle 19			Other		:	Private Pay			amily Care			anaged Care	l 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	96	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	307	28	90.3	112	0	0.0	0	15	93.8	137	0	0.0	0	0	0.0	0	49	92.5
Intermediate				3	9.7	94	0	0.0	0	1	6.3	125	0	0.0	0	0	0.0	0	4	7.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		31	100.0		0	0.0		16	100.0		0	0.0		0	0.0		53	100.0

**************************************	******	********************** Percent Distribution	************* of Residents'	****** Condit	************* ions, Services	**************************************	**************************************
Deaths During Reporting Period	į						
Percent Admissions from:		Park to the table of C	0		% Needing	0	Total
		Activities of	용		sistance of	<u>=</u>	Number of
Private Home/No Home Health		± 2 , ,	-	One	Or Two Staff	1	Residents
Private Home/With Home Health	2.2	Bathing	1.9		90.6	7.5	53
Other Nursing Homes	4.3	Dressing	18.9		77.4	3.8	53
Acute Care Hospitals	52.2	Transferring	30.2		60.4	9.4	53
Psych. HospMR/DD Facilities	0.0	Toilet Use	26.4		66.0	7.5	53
Rehabilitation Hospitals	0.0	Eating	79.2		18.9	1.9	53
Other Locations	28.3	*****	*****	*****	*****	*****	*****
Total Number of Admissions	46	Continence		용	Special Trea	tments	8
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	11.3	Receiving	Respiratory Care	13.2
Private Home/No Home Health	18.4	Occ/Freq. Incontinen	it of Bladder	41.5	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	16.3	Occ/Freq. Incontinen	it of Bowel	13.2	Receiving	Suctioning	0.0
Other Nursing Homes	0.0	_			Receiving	Ostomy Care	1.9
Acute Care Hospitals	10.2	Mobility			Receiving	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	1.9	Receiving	Mechanically Altered Diet	s 24.5
Rehabilitation Hospitals	0.0				_	-	
Other Locations	4.1	Skin Care			Other Reside	nt Characteristics	
Deaths	51.0 i			5.7	Have Advan	ce Directives	96.2
Total Number of Discharges		With Rashes		1.9			
(Including Deaths)	49				Receiving	Psychoactive Drugs	52.8

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	This	Other	Hospital-	Ž.	All
	Facility	Based F	acilities	Fac	ilties
	8	양	Ratio	용	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.8	90.1	1.05	87.4	1.08
Current Residents from In-County	73.6	83.8	0.88	76.7	0.96
Admissions from In-County, Still Residing	34.8	14.2	2.46	19.6	1.77
Admissions/Average Daily Census	83.6	229.5	0.36	141.3	0.59
Discharges/Average Daily Census	89.1	229.2	0.39	142.5	0.63
Discharges To Private Residence/Average Daily Census	30.9	124.8	0.25	61.6	0.50
Residents Receiving Skilled Care	92.5	92.5	1.00	88.1	1.05
Residents Aged 65 and Older	94.3	91.8	1.03	87.8	1.07
Title 19 (Medicaid) Funded Residents	58.5	64.4	0.91	65.9	0.89
Private Pay Funded Residents	30.2	22.4	1.35	21.0	1.44
Developmentally Disabled Residents	1.9	1.2	1.59	6.5	0.29
Mentally Ill Residents	22.6	32.9	0.69	33.6	0.67
General Medical Service Residents	3.8	22.9	0.16	20.6	0.18
Impaired ADL (Mean) *	37.7	48.6	0.78	49.4	0.76
Psychological Problems	52.8	55.4	0.95	57.4	0.92
Nursing Care Required (Mean) *	5.9	7.0	0.84	7.3	0.80